

# Crude Oil Tanker Derailment: Medical Response through the Burn Surge Annex



2015 IEMA Training  
Summit

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# Introduction

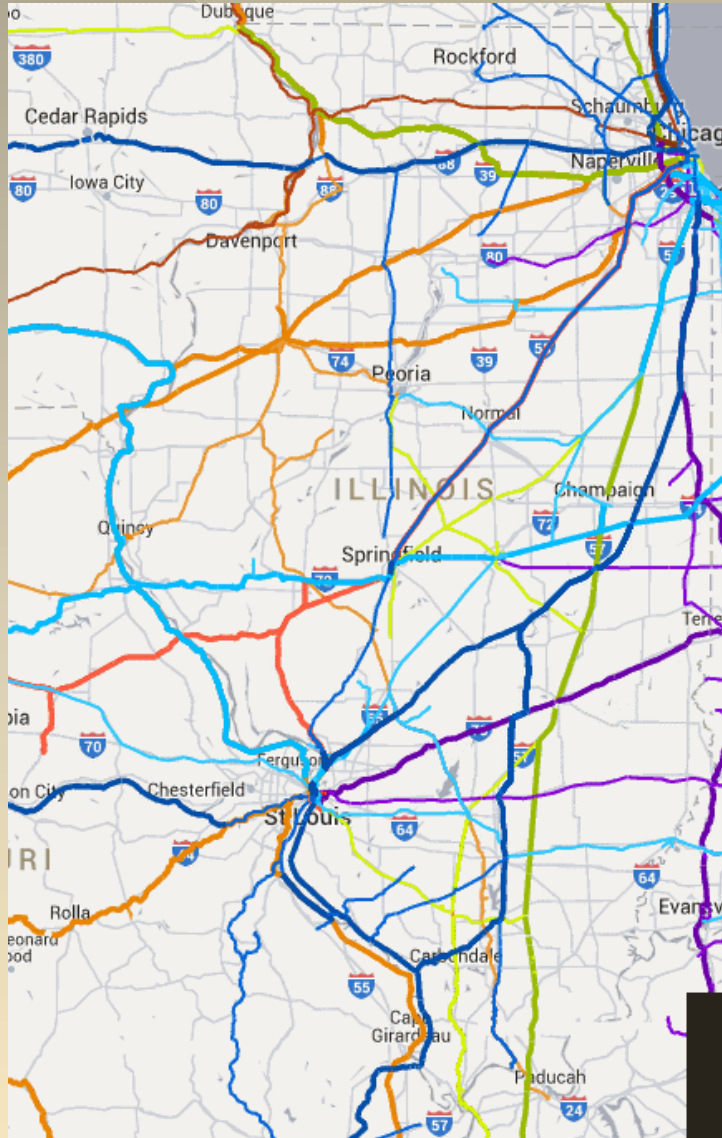


# Galena Train Derailment

- ◉ March 5, 2015
- ◉ Train cars had protective shields that met a higher standard than current federal law requires
- ◉ Occurred in rural area
- ◉ Evacuation was suggested for homes within 1 mile
- ◉ No significant injuries occurred



# Crude Oil Transport in Illinois



- 48 counties in Illinois have rail lines that crude oil is transported on
- Chicago area – 40-50 trains per day transport crude oil

# Potential Consequences of a Crude Oil Train Derailment

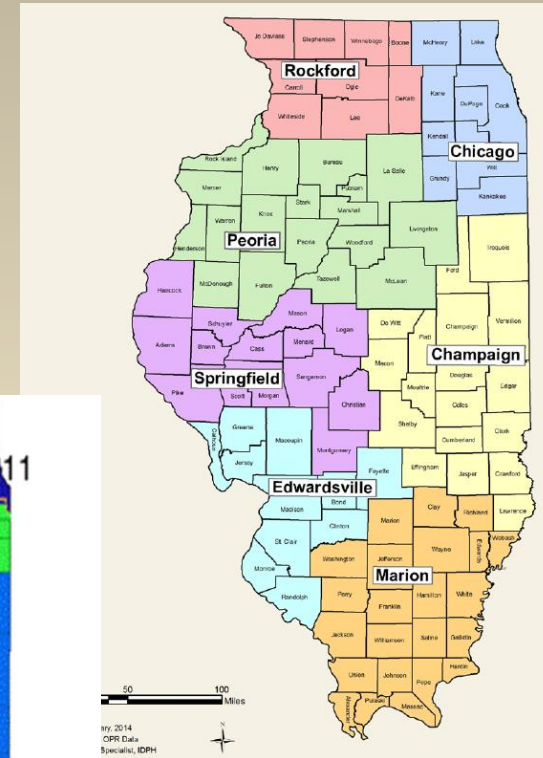
- Loss of life
  - Large number of deaths
- Significant injuries
  - Burns
  - Trauma
  - Toxic fume exposure
- Loss of property
  - Homes, businesses, schools



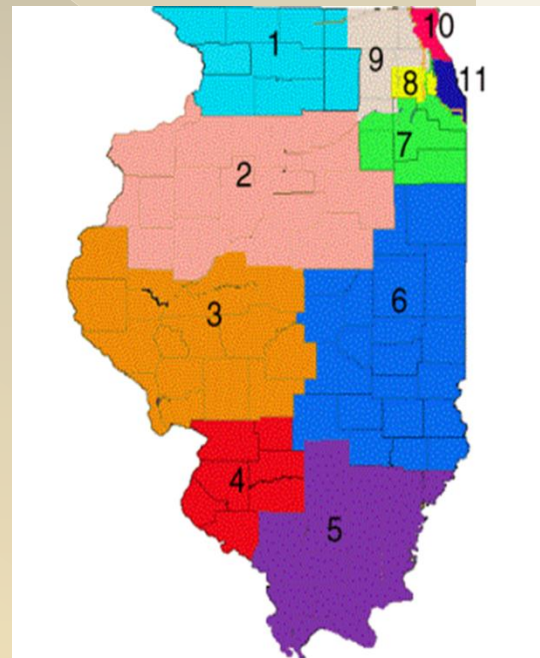
# Illinois Healthcare System

- 11 EMS Regions
  - Resource hospitals
  - Associate hospitals
  - Participating hospitals
- 7 Public Health and Medical Services Response Regions
  - Regional Hospital Coordinating Centers (RHCC)
- > 200 hospitals
  - ~185 hospitals with ED's
    - 51 Critical Access Hospitals (CAH)
  - 21 other hospitals
    - VA, Psych, Rehab, Ventilator
- 66 Level I/II Trauma Centers
  - 23 Level I
  - 43 Level II
- 97 local health departments (LHDs)

## Public Health and Medical Services Response Regions



## EMS Regions



# Illinois Burn Resources:

## Burn Hospitals



1. OSF St Anthony Medical Center, Rockford
2. John H. Stroger Jr., Hospital of Cook County, Chicago\*
3. Loyola University Medical Center, Maywood\*
4. University of Chicago Medical Center, Chicago\*
5. Memorial Medical Center, Springfield

\* = ABA Verified Burn Centers



# Illinois Burn Resources: State Burn Coordinating Center



1. OSF St Anthony Medical Center, Rockford
2. John H. Stroger Jr., Hospital of Cook County, Chicago
3. Loyola University Medical Center, Maywood
4. University of Chicago Medical Center, Chicago
5. Memorial Medical Center, Springfield

# Illinois Burn Resources:

## Burn Beds

BURN HOSPITAL	NUMBER OF BURN BEDS	TOTAL SURGE CAPACITY
John H. Stroger Jr., Hospital of Cook County	6 Adult ICU, 10 Pediatric ICU, 10 step- down	30-35
Loyola University Medical Center	10 ICU, 11 step-down	32-33
Memorial Medical Center	8 Universal (medical, step down, ICU)	10
OSF St Anthony Medical Center	8 ICU	14
University of Chicago Medical Center	8 ICU, 8 Medical	20

Total burn beds in Illinois: **79**

Maximum burn surge capacity in Illinois: **112**

# Regional Burn Resources

Burn centers/units and bed numbers for each on all border states' including Great Lakes Healthcare Partnership states

Total number of burn beds in Midwest states = 465

STATE	HOSPITAL	CITY	# BEDS
IA	University of Iowa Burn, University of Iowa Hospitals and Clinics	Iowa City	16
IL	Loyola University Medical Center	Maywood	21
IL	Regional Burn Center SIU School of Medicine Memorial Medical Center	Springfield	8
IL	OSF St Anthony Medical Center	Rockford	8
IL	Summer L Koch Burn Center Stroger Hospital of Cook County	Chicago	26
IL	University of Chicago Medical Center	Chicago	16
IN	Indiana University Riley Hospital Burn Unit	Indianapolis	8
IN	St Joseph Hospital Burn Center	Fort Wayne	12
IN	Eskenazi Health Services	Indianapolis	15
KY	University of Louisville Hospital Burn Center	Louisville	5
MI	Children's Hospital of Michigan	Detroit	10
MI	Detroit Receiving Hospital Burn Center	Detroit	12
MI	Hurley Medical Center	Flint	13
MI	Bronson Methodist Hospital	Kalamazoo	8
MI	Spectrum Health Regional Burn Center	Grand Rapids	8
MI	University of Michigan Health System	Ann Arbor	16
MN	Hennepin County Medical Center Burn Center	Minneapolis	17
MN	Regions Hospital Burn Center	St Paul	18
MN	SMDC Medical Center: Miller Dwan Burn Center	Duluth	15
MO	Barnes Jewish Hospital	St Louis	24
MO	Burn Center at St John's	Springfield	9
MO	Children's Mercy Hospital Burn Unit	Kansas City	13
MO	Mercy Hospital St Louis	St Louis	12
MO	St Louis Children's Hospital	St Louis	4
MO	University of Missouri Hospital, George David Peak Memorial Burn Center	Columbia	21
OH	Children's Hospital Medical Center of Akron CR Boeckman Regional Burn Center	Akron	12
OH	MetroHealth Medical Center	Cleveland	14
OH	Miami Valley Hospital Regional Adult Burn Center	Dayton	12
OH	Nationwide Children's Hospital	Columbia	14
OH	Ohio State University Medical Center	Columbus	18
OH	Shriners Hospital for Children/Shriners Burn Hospital	Cincinnati	14
OH	St Vincent's Hospital Burn Center	Toledo	10
OH	The University Hospital Burn Center	Cincinnati	9
WI	Children's Hospital of Wisconsin	Milwaukee	Varies
WI	Columbia St Mary's Hospital Regional Burn Center	Milwaukee	12
WI	University of Wisconsin Hospital and Clinics	Madison	15

# Gaps in Burn Medical Resources

## Need to address:

- > Burn medical care in a mass casualty incident (MCI)
  - Hospital Preparedness Program (HPP)
    - Benchmark: 50 burn victims per 1 million population\*
    - Illinois estimated burn MCI based on benchmark: **645 adult and child burn victims**
- > Limited burn beds/resources in Illinois and border states
- > Small volume of specialized burn healthcare practitioners
  - Special skill set and knowledge needed to care for burn patients

\* U.S. Department of Health and Human Services, Health Resources and Services Administration

# Federal HPP Grant Capabilities

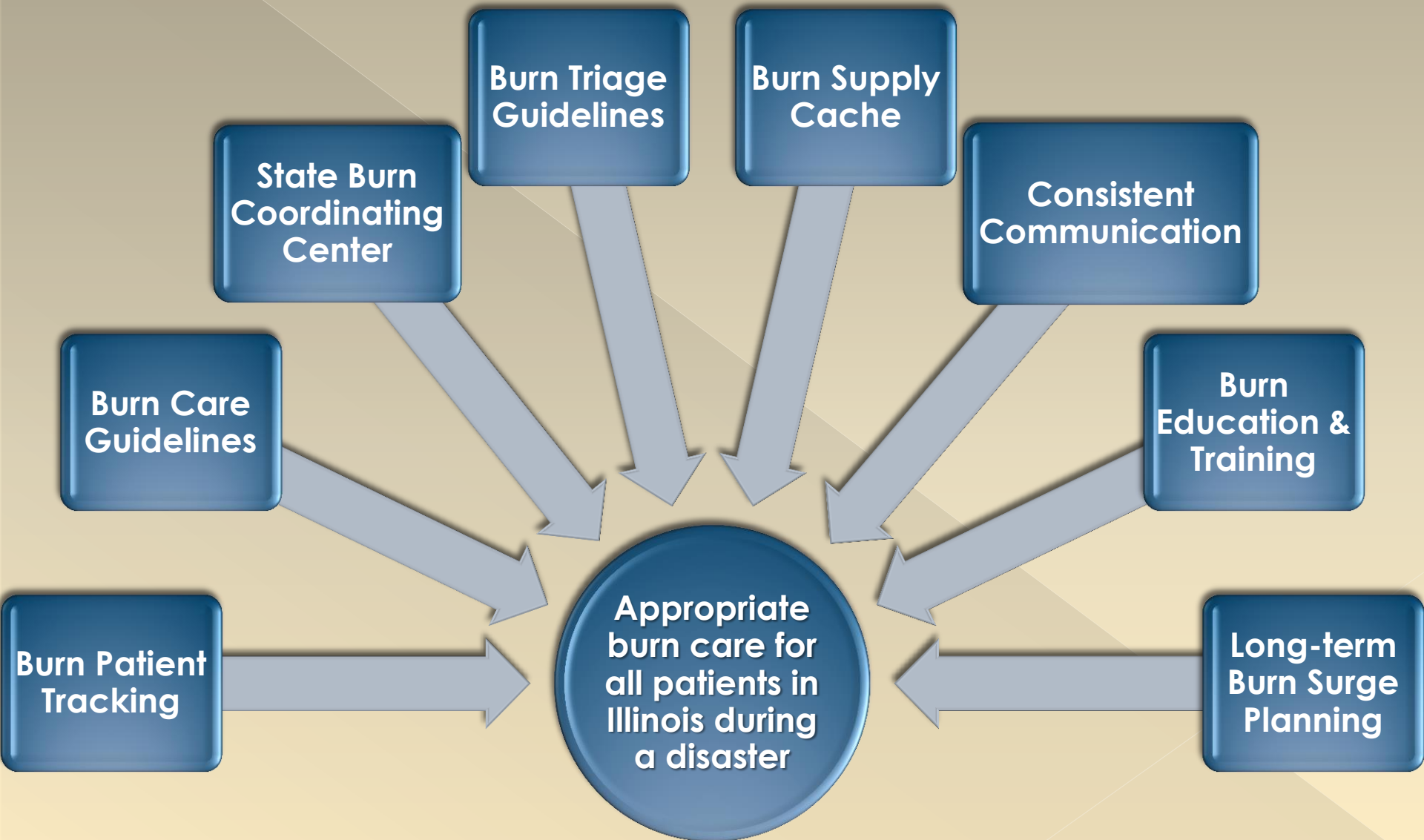
- States and Health Care Coalitions will develop plans for specialty patient populations (i.e., burn) that will:
  - Assist healthcare organizations to maximize surge capacity and obtain specialized resources that are not routinely available at all healthcare organizations
  - Assist and coordinate the need for specialty care equipment and supplies
  - Assist with providing training to enhance the specialty capabilities for providers at facilities that do not regularly care for these types of patients
  - Provide guidance including strategies to address specific types of resource shortages

# Illinois Burn Surge Planning: Burn Surge Annex

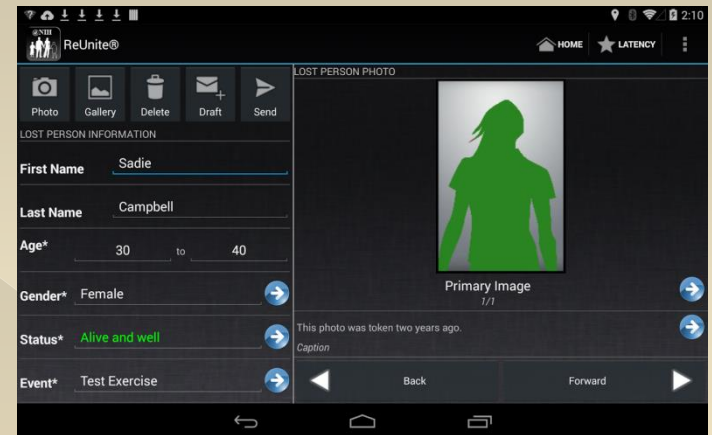
- IDPH ESF-8 Plan: Burn Surge Annex
  - Finalized in 2014
  - Annex to state health and medical disaster plan (ESF-8 Plan)
  - Statewide burn surge strategic/operational plan
  - Guides local/regional/statewide level response
  - Provides medical services guidance on the care of burn patients
  - Two statewide TTX held in 2015 to test various components of Annex
    - Revisions to the Annex are currently underway based on lessons learned



# Illinois Burn Surge Annex



# Illinois Burn Surge Annex



**Burn Patient  
Tracking**



**Appropriate  
burn care for  
all patients in  
Illinois during  
a disaster**

# Illinois Burn Surge Annex

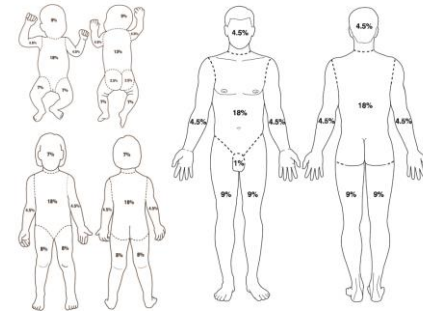
72 Hour Care Guidelines for Adult Burn Patients if Transfer to a Hospital with Burn Capabilities is Not Feasible

## Initial Patient Treatment

<u>Primary Assessment, Monitoring, Interventions and Key Points</u>		
Assessment and Monitoring	Interventions	Key Points

**Burn Care  
Guidelines**

**Appropriate  
burn care for  
all patients in  
Illinois during  
a disaster**



# Illinois Burn Surge Annex



State Burn  
Coordinating  
Center



Appropriate  
burn care for  
all patients in  
Illinois during  
a disaster

# Illinois Burn Surge Annex

**Burn Triage Guidelines**



**Appropriate  
burn care for  
all patients in  
Illinois during  
a disaster**



# Illinois Burn Surge Annex



**Burn Supply  
Cache**

**Appropriate  
burn care for  
all patients in  
Illinois during  
a disaster**



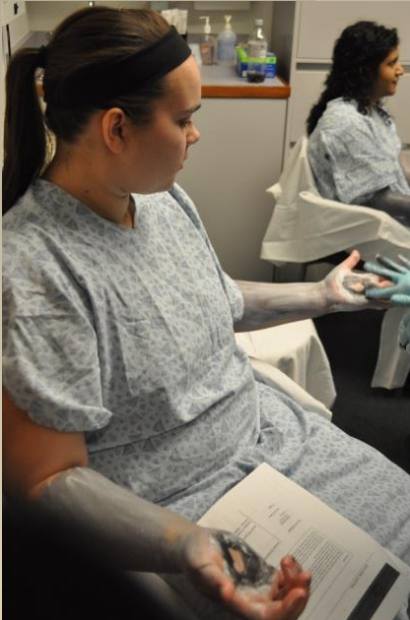
# Illinois Burn Surge Annex



**Consistent  
Communication**

**Appropriate  
burn care for  
all patients in  
Illinois during  
a disaster**

# Illinois Burn Surge Annex

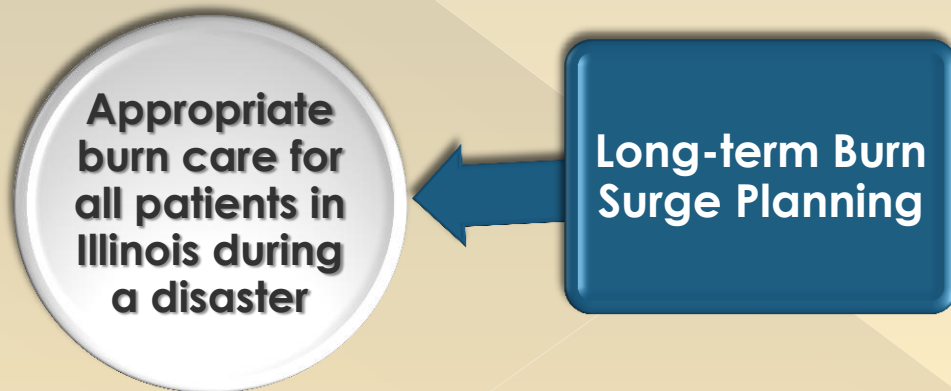


**Burn Education & Training**

**Appropriate  
burn care for  
all patients in  
Illinois during  
a disaster**

# Illinois Burn Surge Annex

- Trauma Advisory Council: Burn Advisory Subcommittee
  - Development of a state burn planning oversight body
  - Coordinates & provides oversight to ongoing preparedness for a burn MCI
  - Incorporates burn surge planning into existing state infrastructure to ensure longevity
  - Helps to ensure a consistent approach across the state
    - Ongoing training/education/exercises
    - Review of burn protocols and burn supply cache list
    - Review of Burn Surge Annex
    - Long term maintenance activities



# Applying the Burn Surge Annex

# Burn MCI: Scenario

A train carrying petroleum crude oil is traveling along a rail line in a populated urban area in Anytown, IL.

The train has 50 cars that are carrying 30,000 gallons of crude oil in each



A semi-truck stuck is stalled on the tracks

The train is unable to stop in time and crashes into the truck.



# Burn MCI: Scenario



- The crash leads to the derailment of 15 cars.
- Several explosions are reported as multiple 911 calls are received



- The fire quickly spreads to near-by houses and apartment buildings



# Initial Scene Response

Local EMS & fire departments arrive on scene

Staged a distance away from scene due to safety concerns

Notifications made by fire/EMS for additional resources

- MABAS
- EMA

EMS notifies its resource hospital that there are significant number of burn victims (adults & children)

Will re-contact when more information is available

Local law enforcement is attempting to evacuate houses and apartment buildings in the area

# Initial Scene Response: Communication

## EMS re-contacts Resource Hospital

Triage of victims  
in progress

Using START/  
JumpSTART based  
on EMS system  
protocols for MCI

Initial estimated  
number of  
patients  
needing care

~100 burn victims  
(adults/children)

~50 respiratory  
patients due to  
toxic fumes

Will contact  
again for  
assistance in  
identifying what  
hospitals to  
begin  
transporting  
patients to

# Initial Hospital Response: Communication

Resource  
Hospital  
contacts

- Other resource hospitals
- Participating Hospitals
- Associate Hospitals

Notifies  
hospitals of  
incident

Identifies how  
many  
patients  
each hospital  
can take

Contacts  
Regional  
Hospital  
Coordinating  
Center  
(RHCC) to  
request  
additional  
resources

**There is no burn hospital in region of incident**

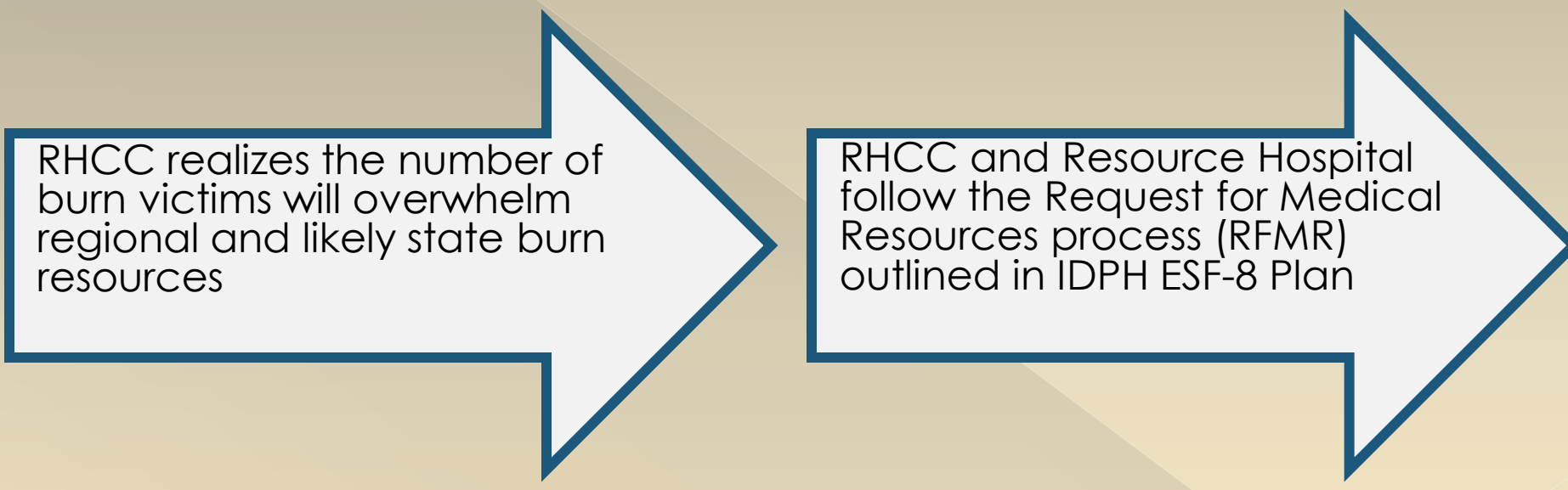
# Initial Response: SBCC Hospital

Loyola University Medical Center (LUMC) as the pre-identified State Burn Coordinating Center (SBCC) is not directly impacted by the incident

LUMC receives a courtesy situational awareness update from RHCC in region of incident

Will wait to receive more information and formal request from IDPH to determine if need to activate hospital EOC to serve as SBCC

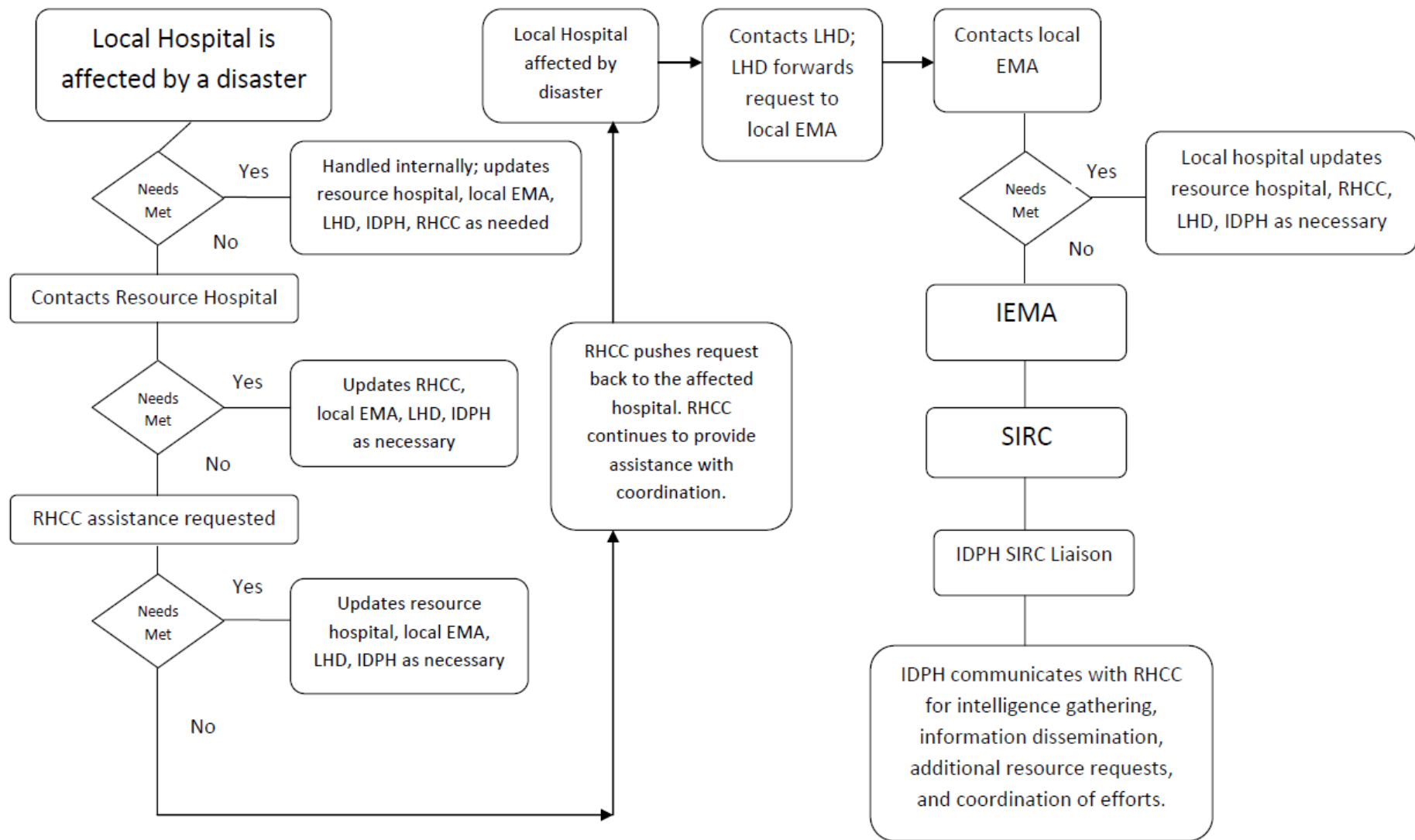
# Anticipating Exhaustion of Burn Resources



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graph LR; A[RHCC realizes the number of burn victims will overwhelm regional and likely state burn resources] --> B[RHCC and Resource Hospital follow the Request for Medical Resources process (RFMR) outlined in IDPH ESF-8 Plan];
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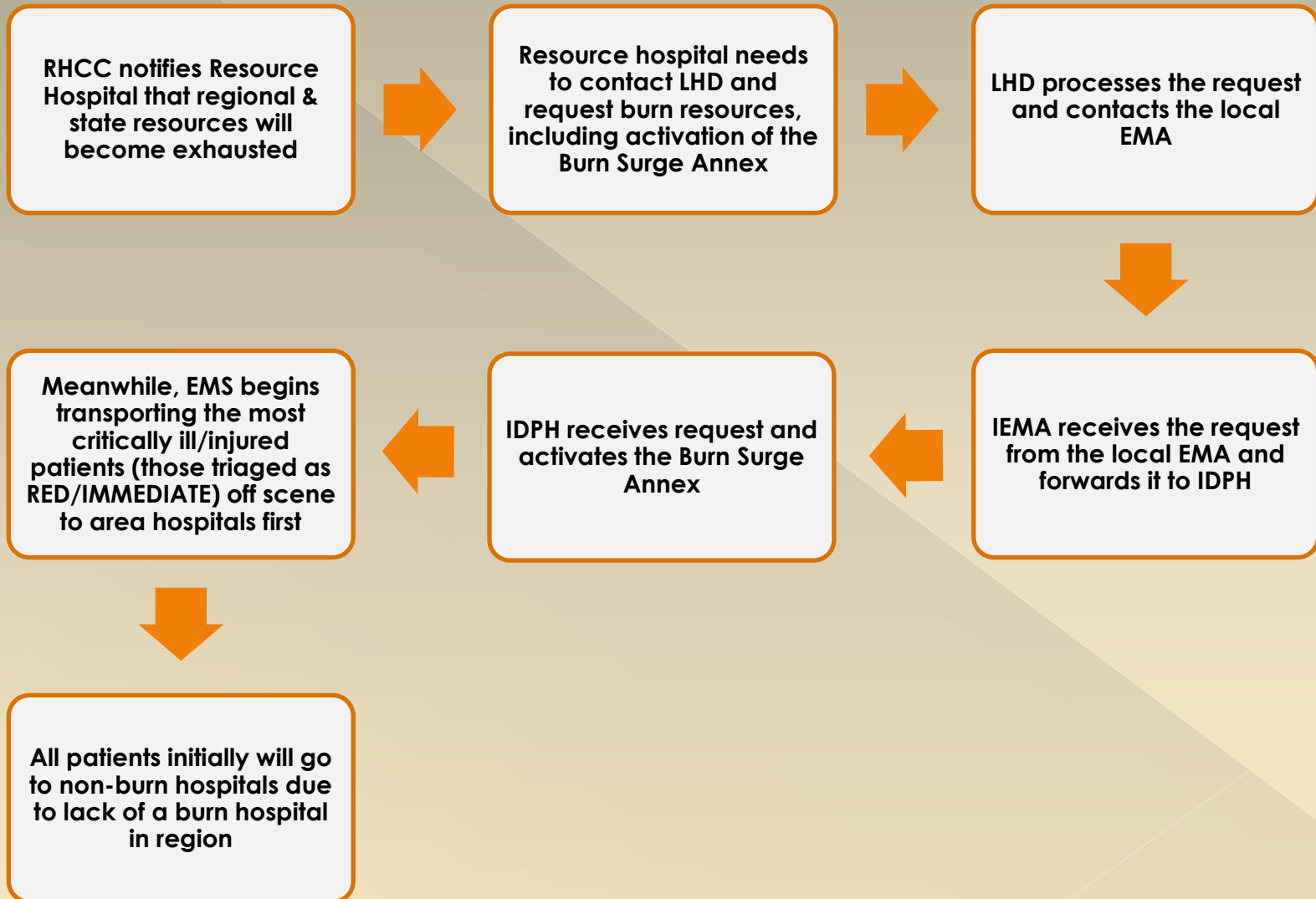
RHCC realizes the number of burn victims will overwhelm regional and likely state burn resources

RHCC and Resource Hospital follow the Request for Medical Resources process (RFMR) outlined in IDPH ESF-8 Plan





# Request for Burn Medical Resources



# Local Hospitals Respond: Patients Arrive

- Local hospitals begin to receive patients from EMS
- Those hospitals close to the scene are also receiving walk in patients
- All hospitals initially receiving patients are non-burn hospitals, although some are trauma centers (Level I & Level II)



- All provide initial burn care for the patients as they arrive:
  - Adult & Pediatric Burn Protocols
- All hospitals begin assisting with the reunification process
  - Patient Identification Tracking Form

# SBCC Activation

- After activating the Burn Surge Annex, the IDPH Duty Officer contacts Loyola University Medical Center (LUMC)
  - > Requests activation of the SBCC
- LUMC activates internal EOC and protocols to begin functioning as the SBCC
- Once this occurs, IDPH notifies stakeholders that both the Annex and SBCC are activated



# Event Continues

IDPH ESF-8 Plan: Burn Surge Annex | 2015

## ATTACHMENT 4: BURN MEDICAL INCIDENT REPORT FORM

<b>INCIDENT NAME:</b> Train Derailment			
<b>DATE/TIME PREPARED:</b> 09/11/2015 0800	<b>DATE/TIME RECEIVED:</b> 09/11/2015 0810	<b>OPERATIONAL PERIOD:</b> AM 09/11/2015	<b>RECEIVED VIA:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Other (SIREN)
<b>FROM (SENDER):</b> IDPH	<b>TO (RECEIVER):</b> All hospitals in affected area	<b>REPLY/ACTION REQUIRED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, reply to ( <i>include detailed sending information</i> ) Send to <a href="mailto:info@illinois.gov">info@illinois.gov</a>	
<b>PRIORITY:</b> <input checked="" type="checkbox"/> Urgent/High <input type="checkbox"/> Non-urgent/Medium <input type="checkbox"/> Informational/Low			
<b>DATE/TIME PHEOC ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR PHEOC ACTIVATION:</b> Local Burn MCI event and activate Burn Surge Annex	
<b>DATE/TIME ANNEX ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR ANNEX ACTIVATION:</b> To assist with the response of the local/regional burn MCI	
<b>ACTIVATION LEVEL:</b> <input checked="" type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State		<b>STATE BURN COORDINATION CENTER (SBCC) NAME:</b> Loyola University Medical Center	
<b>DATE/TIME SBCC ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR SBCC ACTIVATION:</b> To assist with transfer coordination and provide medical consultation	
<b>CURRENT INCIDENT INFORMATION:</b> Burn Surge Annex has been activated due to multiple burn resource requests Loyola University Medical Center is the SBCC and has been activated Contact Loyola University Medical Center at 708-327-0000 or <a href="mailto:LUMC@LUMC.edu">LUMC@LUMC.edu</a> for medical consultation			



Activation of the Annex  
Means.....

# Activation of the Annex Means.....

Communication process includes the use of the Burn Medical Incident Report Form by all stakeholders (Hospitals, LHDs, EMAs, IDPH) for:

- > Situational awareness updates
- > Resource requests
- > Transfer requests
- > Triage decisions

IDPH ESF-8 Plan: Burn Surge Annex   2015			
ATTACHMENT 4: BURN MEDICAL INCIDENT REPORT FORM			
INCIDENT NAME			
DATE/TIME PREPARED	DATE/TIME RECEIVED	OPERATIONAL PERIOD	RECEIVED VIA <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Fax <input type="checkbox"/> Other
FROM (SENDER)	TO (RECEIVER)	REPLY/ACTION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, reply to <i>(include detailed sending information)</i>	
PRIORITY <input type="checkbox"/> Urgent/High <input type="checkbox"/> Non-urgent/Medium <input type="checkbox"/> Informational/Low			
DATE/TIME PHEOC ACTIVATED		REASON FOR PHEOC ACTIVATION	
DATE/TIME ANNEX ACTIVATED		REASON FOR ANNEX ACTIVATION	
ACTIVATION LEVEL <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State		STATE BURN COORDINATION CENTER (SBCC) NAME	
DATE/TIME SBCC ACTIVATED		REASON FOR SBCC ACTIVATION	
CURRENT INCIDENT INFORMATION			
CURRENT NUMBER OF BURN PATIENT PLACEMENT NEEDS (The purpose of this section is to identify the number of and what services are needed to care for burn patients during a burn MCI. These categories are for interfacility transfers only, not EMS scene transports. For more information, see Burn Surge Annex, Attachment 11: Burn Triage Guidelines: Mass Casualty Burn Center Referral Criteria)			
	IMMEDIATE (RED) CRITICAL BURN PATIENTS TO BE TREATED AT HOSPITALS WITH BURN CAPABILITIES.		
	URGENT (YELLOW) CRITICAL BURN PATIENTS TO BE TREATED AT HOSPITALS WITH TRAUMA CAPABILITIES BUT NO BURN CAPABILITIES.		
	MINOR (GREEN) BURN PATIENTS TO BE TREATED AT ANY ACUTE CARE HOSPITAL.		
	EXPECTANT (BLACK) BURN PATIENTS TO BE TREATED AT ANY ACUTE CARE HOSPITAL.		
	INHALATION INJURY PATIENTS WITH NO CUTANEOUS BURN INJURIES TO BE TREATED AT ANY ACUTE CARE HOSPITAL WITH AN INTENSIVE CARE UNIT (ICU)		



# Activation of the Annex Means.....

Burn Medical Incident  
Report Form can be sent  
via:

- > SIREN
- > Fax
- > Email
- > Electronic emergency management systems
- > WebEOC
- > As a template for radio or phone communication

IDPH ESF-8 Plan: Burn Surge Annex   2015			
ATTACHMENT 4: BURN MEDICAL INCIDENT REPORT FORM			
<b>INCIDENT NAME</b>			
DATE/TIME PREPARED	DATE/TIME RECEIVED	OPERATIONAL PERIOD	RECEIVED VIA <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Fax <input type="checkbox"/> Other
FROM (SENDER)	TO (RECEIVER)	REPLY/ACTION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, reply to <i>(include detailed sending information)</i>	
PRIORITY <input type="checkbox"/> Urgent/High <input type="checkbox"/> Non-urgent/Medium <input type="checkbox"/> Informational/Low			
DATE/TIME PHEOC ACTIVATED		REASON FOR PHEOC ACTIVATION	
DATE/TIME ANNEX ACTIVATED		REASON FOR ANNEX ACTIVATION	
ACTIVATION LEVEL <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State		STATE BURN COORDINATION CENTER (SBCC) NAME	
DATE/TIME SBCC ACTIVATED		REASON FOR SBCC ACTIVATION	
CURRENT INCIDENT INFORMATION			
CURRENT NUMBER OF BURN PATIENT PLACEMENT NEEDS			
(The purpose of this section is to identify the number of and what services are needed to care for burn patients during a burn MCI. These categories are for interfacility transfers only, not EMS scene transports. For more information, see Burn Surge Annex, Attachment 11: Burn Triage Guidelines: Mass Casualty Burn Center Referral Criteria)			
	IMMEDIATE (RED) CRITICAL BURN PATIENTS TO BE TREATED AT HOSPITALS WITH BURN CAPABILITIES.		
	URGENT (YELLOW) CRITICAL BURN PATIENTS TO BE TREATED AT HOSPITALS WITH TRAUMA CAPABILITIES BUT NO BURN CAPABILITIES.		
	MINOR (GREEN) BURN PATIENTS TO BE TREATED AT ANY ACUTE CARE HOSPITAL.		
	EXPECTANT (BLACK) BURN PATIENTS TO BE TREATED AT ANY ACUTE CARE HOSPITAL.		
	INHALATION INJURY PATIENTS WITH NO CUTANEOUS BURN INJURIES TO BE TREATED AT ANY ACUTE CARE HOSPITAL WITH AN INTENSIVE CARE UNIT (ICU)		

\*Adapted from HICS 213 Form
1

# Activation of the Annex Means.....

Burn Triage Guidelines are used by all hospitals to help distribute patients to the most appropriate hospital to care for them

## Hospitals with Burn Capabilities:

- Accepts IMMEDIATE (**RED**) patients

## Level I & Level II Trauma/Non-burn Hospitals

- Accept URGENT (**YELLOW**) patients from other hospitals

## Non-burn/Non-Trauma Hospitals

- Accepts NON-URGENT (**GREEN**) patients from other hospitals

## All Level Hospitals with ICU

- Accepts patients with inhalation injuries but no cutaneous injuries

## Any Acute Care Hospital

- Accepts any EXPECTANT (**BLACK**) patients from the scene

# Activation of the Annex Means.....

## Mass Casualty Burn Center Referral Criteria

### IMMEDIATE (RED)

- Partial thickness burns >40% TBSA
- Circumferential full-thickness extremity burns involving >2 extremities
- High voltage (>1000 volt) electrical burns
- Burn injury in patients with preexisting medical disorders or other issues that could complicate management, prolong recovery, or affect mortality
- Children <15 years of age with >20% TBSA
- Burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality.
- Pregnant women with greater than 10% TBSA

### URGENT (YELLOW)

- Partial thickness burns >10% but < 40% TBSA
- Any burns that involve the face, hands, feet, genitalia, perineum, or major joints
- Circumferential full-thickness burns involving one extremity
- Electrical burns, including lightning injury if < 1000 volts
- Chemical burns
- Burns and concomitant trauma in which the burn injury **does not** pose the greatest risk of morbidity or mortality.
- Children < 15 years of age with > 10% but < 20% TBSA
- Burn injury in patients who will require special social, emotional, or long-term rehabilitative intervention
- Pregnant women with greater than 10% TBSA

### MINOR (GREEN)

Partial thickness burns less than 10% TBSA

### EXPECTANT (BLACK)

Patients can be treated at any acute care hospital

### INHALATION INJURIES

Patients with inhalation injuries **without** cutaneous burns or any other of the above criteria can be managed at any category hospital with an ICU equipped with ventilator capabilities.

# Activation of the Annex Means.....

Non-burn hospitals will likely have to care for burn patients for a longer period of time:

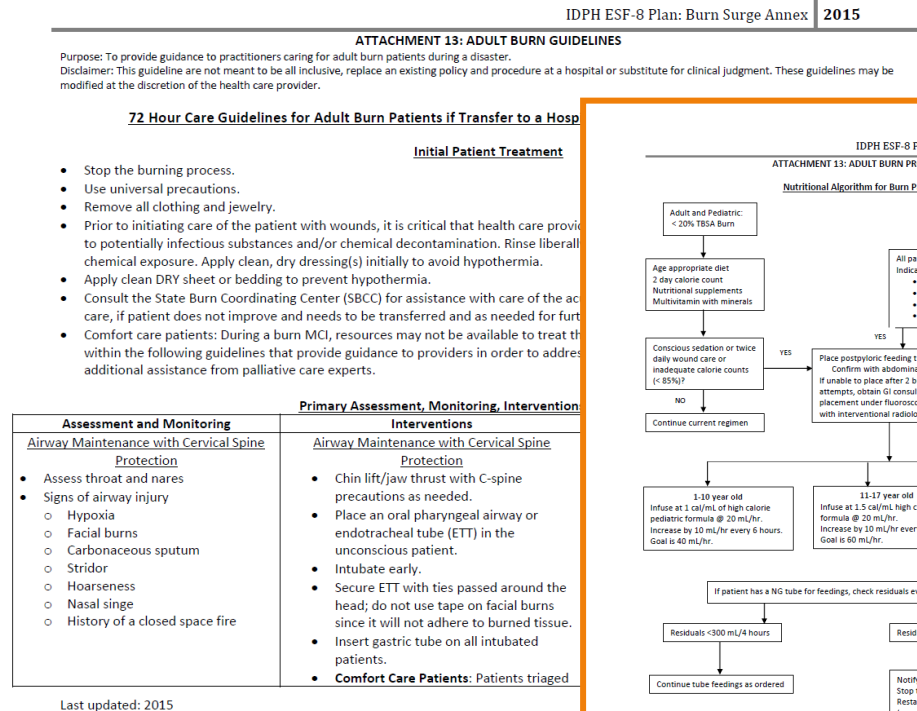
- ⦿ Admit burn patients to non-burn hospitals
- ⦿ Type of burn patients will be based on triage category and trauma level of hospital

However.....help is available!!!

# Activation of the Annex Means.....

Assist non-burn hospitals to care for burn patients:

- ◉ Medical consultation through the SBCC
- ◉ Burn Care Guidelines
  - > Adult
  - > Pediatric



Last updated: 2015

Last updated: 2015

# Activation of the Annex Means.....

Patient tracking and reunification processes are in place through the use of two methods:

## 1. Patient Identification Tracking Form

- Hospitals fill form out on **all** patients they receive from the disaster
- Picture taken of all patients and included on form
- Form sent with patient during interfacility transfer

IDPH ESF-8 Plan: Burn Surge Annex   2015			
<b>ATTACHMENT 9: PATIENT IDENTIFICATION TRACKING FORM</b>			
Purpose: To assist in identifying, tracking and reunifying patients during a disaster.			
Note: Information contained within this form is confidential and should not be shared, except with those assisting in the care of the patient.			
Date of Arrival ____/____/____	Time of Arrival ____ AM/PM	Incident name	
Patient's Name (Last, First)		Tracking number	
Patient's Full Home Address		Patient's Phone	
(For Minors) Parent/Guardians' Names		Presented with patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's DOB ____/____/____ <input type="checkbox"/> Unknown	Age ____ Years ____ Months <input type="checkbox"/> Estimated	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race/ethnicity, if known <input type="checkbox"/> White non-Hispanic <input type="checkbox"/> Black/African American, non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Nonverbal <input type="checkbox"/> Other	
<input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied	Describe where patient was found (be as specific as possible, including neighborhood/street address).	Items worn by or with patient when found (describe color, pattern, type)	
How patient arrived at hospital (list name if available) <input type="checkbox"/> EMS <input type="checkbox"/> Private medical transport service (ambulance/flight) <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Walk-in <input type="checkbox"/> Other		<input type="checkbox"/> Pant <input type="checkbox"/> Shirt <input type="checkbox"/> Dress <input type="checkbox"/> Shoes <input type="checkbox"/> Socks <input type="checkbox"/> Coat/Jacket <input type="checkbox"/> Jewelry <input type="checkbox"/> Glasses <input type="checkbox"/> Medical Devices <input type="checkbox"/> Other <input type="checkbox"/> Other	
<b>DESCRIPTION OF THE PATIENT</b>			
Skin color _____		Attach photo here	
Hair Color <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Bald <input type="checkbox"/> Red <input type="checkbox"/> Grey <input type="checkbox"/> White <input type="checkbox"/> Other			
Eye Color <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Other			
Height <input type="checkbox"/> Estimated Weight <input type="checkbox"/> Estimated			
Other markings <input type="checkbox"/> Scars <input type="checkbox"/> Moles <input type="checkbox"/> Birthmarks <input type="checkbox"/> Tattoos <input type="checkbox"/> Missing teeth <input type="checkbox"/> Braces <input type="checkbox"/> Other <input type="checkbox"/> Other			
<b>PATIENT TRACKING LOG</b>			
Hospital/Facility Name	Phone Number	Arrival Date	ID Band #/ ID Band
Location (city, state)	Fax Number	Departure Date	(If patient has ID bands from other facilities and they need to be removed to provide care, attach ID band in this area)
( )	( )	____/____/____	Attach ID Band Here
( )	( )	____/____/____	Attach ID Band Here
( )	( )	____/____/____	Attach ID Band Here
( )	( )	____/____/____	Attach ID Band Here
( )	( )	____/____/____	Attach ID Band Here



# Activation of the Annex Means.....

Patient tracking and reunification processes are in place through the use of two methods:

## 2. Burn Patient Tracking Log

- Maintains a list of **all** patients transferred between hospitals during incident
- Completed by SBCC as they coordinate transfer of patients
- Submitted to IDPH IMT at PHEOC

IDPH ESF-8 Plan: Burn Surge Annex | 2015

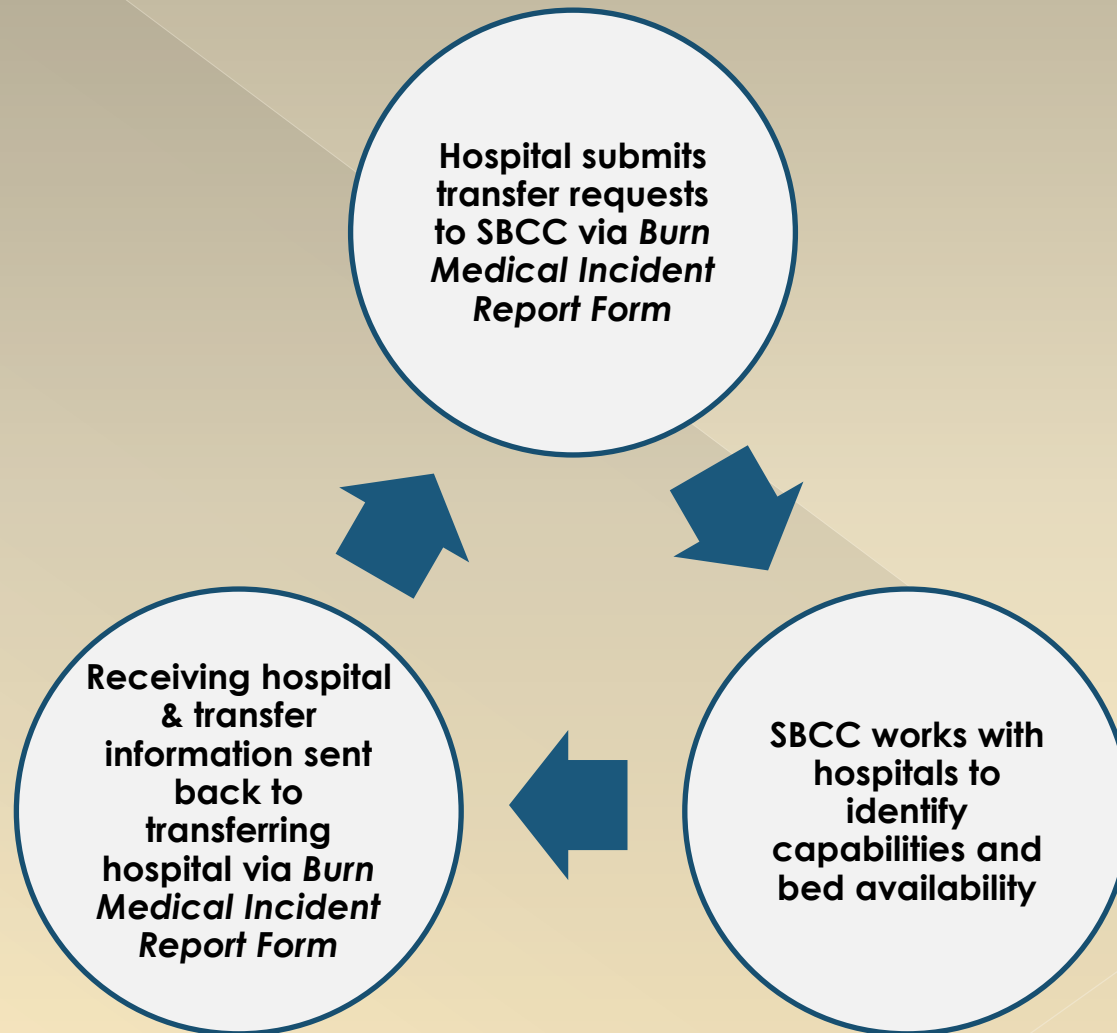
**ATTACHMENT 10: BURN PATIENT TRACKING LOG**

Purpose: To assist with the tracking of burn patients during a disaster.

Incident name		Prepared by					Date		Time		
Tracking Number	Patient Name (Last, First)	DOB	% TBSA	Ventilated	Burn Injury Depth	Inhalation Injury	Other Injuries (Trauma)	Triage Level (Red, yellow, Green)	Method of Transport (Ground, Air, BLS, ALS, Critical Care)	Assigned Receiving Facility	Transfer Complete (Time)
					Burn Injury Location					POC at Receiving Facility	
				Y N		Y N		R Y G			
				Y N		Y N		R Y G			
				Y N		Y N		R Y G			
				Y N		Y N		R Y G			
				Y N		Y N		R Y G			
				Y N		Y N		R Y G			
				Y		Y		R Y G			

# Activation of the Annex Means.....

Interfacility transfer coordination completed by the SBCC:



# Activation of the Annex Means.....

- Verbal report may not be possible before a patient is transferred to another facility
- *Burn Patient Transfer Form* should be completed and sent with all patients during interfacility transfer
  - > Provides receiving hospital with details of medical care provided at transferring hospital
  - > Allows for continuity of care

IDPH ESF-8 Plan: Burn Surge Annex   2015			
ATTACHMENT 12: BURN PATIENT TRANSFER FORM			
<small>Purpose: To provide a method of communicating medical and treatment information on burn patients during a disaster when burn patients are being transferred to specialty care centers.                      Note: All information within this form is confidential and should not be shared except with those assisting in the care of the patient.</small>			
Incident name		Title	Date / /
Form completed by		DOB / /	Sex
Patient Name (Last, First)		Age _____ Years _____ Months	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family/Guardian		Contact #	Notified: YES NO
Referring hospital		Referral physician	
Unit at hospital		Referral hospital telephone	
Full address		Accepting physician	
		Accepting hospital	
		Room #	
Acuity Level <input type="checkbox"/> Stable/Non-emergent <input type="checkbox"/> Stable/Urgent <input type="checkbox"/> Unstable/Emergent			
PATIENT HISTORY			
Pre-burn weight _____ kg <input type="checkbox"/> actual <input type="checkbox"/> estimated	Allergies (list) <input type="checkbox"/> NKDA <input type="checkbox"/> Unknown	Home medications (list) <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> See attached medication reconciliation form	
Relevant medical/surgical history (list) <input type="checkbox"/> See attached			
BURN INJURY HISTORY			
Burn Injury Date	Time of Injury	% Total Burn Surface Area (complete burn diagram on page 2)	
Mechanism of Injury		% partial thickness _____	
Burn Type	Source	% full thickness _____	
Flame		Circumferential truncal burn YES NO	
Inhalation	Enclosed space Open Air	Circumferential extremity burn YES NO	
Scald		Non-burn injuries	
Chemical		Non-burn wounds	
Electrical			
Contact			
Radiation			
MEDICAL MANAGEMENT			
Respiratory Status	Vital Signs	Intake	
Current FIO <sub>2</sub> _____ Current SpO <sub>2</sub> _____	Time _____	IV #1: Site _____ @ _____ mL/hr	
Intubated YES NO ETT/Trach tube size _____	HR _____	IV #2: Site _____ @ _____ mL/hr	
Ventilator _____	RR _____	Other _____	
Settings _____	BP _____	Total IVF since injury _____ mL	
Latest ABG _____	Temp _____	Total IVF in last 24 hours _____ mL	
Respiratory treatments _____			
Procedures and Dressings	Current Medications	Output	
Current burn wound dressing _____		Urinary catheter YES NO	
Date/time last burn wound eval _____		Urine (last 24 hours) _____ mL	
Date/time last burn dressing change _____		Urine (last 4 hours) _____ mL	
Escharotomies: YES NO Date/Time _____	Pain Management	NGT _____ mL	
Site(s) _____		Other _____	
TRANSPORT NEEDS			
Type of transport service needed <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> Critical Care		Notification (times) Family _____ SBCC _____	
<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Other _____		Receiving hospital: _____	
Equipment needed for transport <input type="checkbox"/> Oxygen <input type="checkbox"/> Ventilator <input type="checkbox"/> C-PAP <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> IV pump <input type="checkbox"/> Invasive monitoring <input type="checkbox"/> Spine immobilization <input type="checkbox"/> Restraints <input type="checkbox"/> Isolette <input type="checkbox"/> Car seat <input type="checkbox"/> Other (list) _____			

The background features a diagonal split between a light gray upper-left section and a light beige lower-right section. A bright orange triangle is positioned in the top right corner. The text 'Back to the Scenario!!' is centered horizontally across the middle of the image.

**Back to the Scenario!!**

# Event Continues


Hospitals are overwhelmed as patients continue to arrive by EMS and as walk in patients

- Hospitals complete *Burn Medical Incident Report Form* to request burn medical supplies
- Form submitted to their local health department
- If unable to fill request, Form submitted to local EMA
- Local EMA forwards request to IEMA
- IEMA sends request to IDPH SIRC Liaison who addresses request need

# Event Continues

All hospitals receive notification from the SBCC/IDPH:

IDPH ESF-8 Plan: Burn Surge Annex   2015			
ATTACHMENT 4: BURN MEDICAL INCIDENT REPORT FORM			
<b>INCIDENT NAME:</b> Train Derailment			
<b>DATE/TIME PREPARED:</b> 09/11/2015 0900	<b>DATE/TIME RECEIVED:</b> 09/11/2015 0910	<b>OPERATIONAL PERIOD:</b> AM 09/11/2015	<b>RECEIVED VIA:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Other (SIREN)
<b>FROM (SENDER):</b> IDPH	<b>TO (RECEIVER):</b> All hospitals in affected area	<b>REPLY/ACTION REQUIRED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, reply to ( <i>include detailed sending information</i> ) Send to LUMC@LUMC.EDU	
<b>PRIORITY:</b> <input checked="" type="checkbox"/> Urgent/High <input type="checkbox"/> Non-urgent/Medium <input type="checkbox"/> Informational/Low			
<b>DATE/TIME PHEOC ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR PHEOC ACTIVATION:</b> Local Burn MCI event and activate Burn Surge Annex	
<b>DATE/TIME ANNEX ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR ANNEX ACTIVATION:</b> To assist with the response of the local/regional burn MCI	
<b>ACTIVATION LEVEL:</b> <input checked="" type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State		<b>STATE BURN COORDINATION CENTER (SBCC) NAME:</b> Loyola University Medical Center	
<b>DATE/TIME SBCC ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR SBCC ACTIVATION:</b> To assist with transfer coordination and provide medical consultation	
<b>CURRENT INCIDENT INFORMATION:</b> Burn Triage Guidelines should now be used to assist with transfer coordination. Triage current burn patients within your facility. Submit the number of patients needing transfer to other facilities via this form in the section below. Contact Loyola University Medical Center at 708-327-0000 or <a href="mailto:LUMC@LUMC.edu">LUMC@LUMC.edu</a> for transfer coordination and medical consultation			



## CURRENT INCIDENT INFORMATION:

Burn Triage Guidelines should now be used to assist with transfer coordination.

Triage current burn patients within your facility. Submit the number of patients needing transfer to other facilities via this form in the section below.

Contact Loyola University Medical Center at 708-327-0000 or [LUMC@LUMC.edu](mailto:LUMC@LUMC.edu) for transfer coordination and medical consultation



# Event Continues

Transferring hospitals submit their burn patient transfer needs to the SBCC

IDPH ESF-8 Plan: Burn Surge Annex | 2015

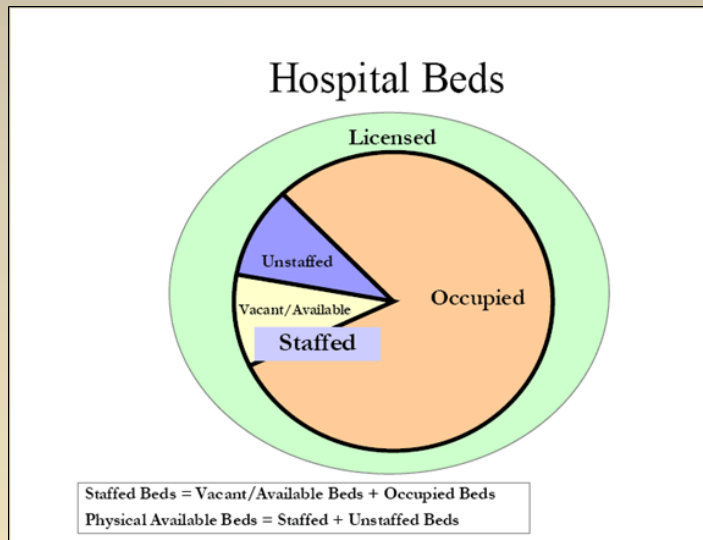
## ATTACHMENT 4: BURN MEDICAL INCIDENT REPORT FORM

<b>INCIDENT NAME:</b> Train Derailment			
<b>DATE/TIME PREPARED</b> 9/11/2015 1000	<b>DATE/TIME RECEIVED</b> 9/11/2015 1010	<b>OPERATIONAL PERIOD</b> AM 09/11/2015	<b>RECEIVED VIA</b> <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Other
<b>FROM (SENDER)</b> St. Local Community Hospital	<b>TO (RECEIVER)</b> SBCC	<b>REPLY/ACTION REQUIRED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, reply to ( <i>include detailed sending information</i> ) <a href="mailto:Info@stlocalcommunityhospital.org">Info@stlocalcommunityhospital.org</a>	
<b>PRIORITY</b> <input checked="" type="checkbox"/> Urgent/High <input type="checkbox"/> Non-urgent/Medium <input type="checkbox"/> Informational/Low			
<b>CURRENT NUMBER OF BURN PATIENT PLACEMENT NEEDS</b> (The purpose of this section is to identify the number of and what services are needed to care for burn patients during a burn MCI. These categories are for interfacility transfers only, not EMS scene transports. For more information, see Burn Surge Annex, Attachment 11: Burn Triage Guidelines: Mass Casualty Burn Center Referral Criteria)			
6 (3 adult, 3 pediatric)	IMMEDIATE (RED) CRITICAL BURN PATIENTS TO BE TREATED AT HOSPITALS WITH BURN CAPABILITIES.		
10 (4 adult, 6 pediatric)	URGENT (YELLOW) CRITICAL BURN PATIENTS TO BE TREATED AT HOSPITALS WITH TRAUMA CAPABILITIES BUT NO BURN CAPABILITIES.		
0	MINOR (GREEN) BURN PATIENTS TO BE TREATED AT ANY ACUTE CARE HOSPITAL.		
0	EXPECTANT (BLACK) BURN PATIENTS TO BE TREATED AT ANY ACUTE CARE HOSPITAL.		
4 (3 adult, 1 pediatric)	INHALATION INJURY PATIENTS WITH NO CUTANEOUS BURN INJURIES TO BE TREATED AT ANY ACUTE CARE HOSPITAL WITH AN INTENSIVE CARE UNIT (ICU)		
<b>REQUIRED/REQUESTED ACTIONS AT THIS TIME</b>			

# Event Continues: Transfer Coordination By SBCC



- SBCC receives *Burn Medical Incident Report Forms* from hospitals
- SBCC obtains bed availability (via HAN & direct communication) for:
  - Hospitals with burn capabilities
  - Level I Trauma Centers
  - Level II Trauma Centers
  - Non-burn/Non-Trauma Hospitals
- Based on this information, SBCC determines placement of burn patients



# Event Continues: Patient Placement

IDPH ESF-8 Plan: Burn Surge Annex **2015**

## ATTACHMENT 4: BURN MEDICAL INCIDENT REPORT FORM

<b>INCIDENT NAME:</b> Train Derailment			
<b>DATE/TIME PREPARED:</b> 09/11/2015 1100	<b>DATE/TIME RECEIVED:</b> 09/11/2015 1105	<b>OPERATIONAL PERIOD:</b> AM 09/11/2015	<b>RECEIVED VIA:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Other (SIREN)
<b>FROM (SENDER):</b> SBCC	<b>TO (RECEIVER):</b> St Local Community Hospital	<b>REPLY/ACTION REQUIRED?</b> YES X NO If YES, reply to <i>(include detailed sending information)</i> Send to LUMC@LUMC.EDU	
<b>PRIORITY:</b> <input checked="" type="checkbox"/> Urgent/High <input type="checkbox"/> Non-urgent/Medium <input type="checkbox"/> Informational/Low			
<b>DATE/TIME PHEOC ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR PHEOC ACTIVATION:</b> Local Burn MCI event and activate Burn Surge Annex	
<b>DATE/TIME ANNEX ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR ANNEX ACTIVATION:</b> To assist with the response of the local/regional burn MCI	
<b>ACTIVATION LEVEL:</b> <input checked="" type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State		<b>STATE BURN COORDINATION CENTER (SBCC) NAME:</b> Loyola University Medical Center	
<b>DATE/TIME SBCC ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR SBCC ACTIVATION:</b> To assist with transfer coordination and provide medical consultation	
<b>CURRENT INCIDENT INFORMATION:</b> See below for patient placement information. Arrange transport for patient as indicated by patient needs. Send Burn Patient Transfer Form and Patient Identification Tracking Form with patient. Contact SBCC for further questions. Patient #123 (IMMEDIATE): OSF St Anthony Medical Center, Rockford Patient #234 (URGENT): OSF St Francis Medical Center (Peoria) Patient #456 (IMMEDIATE): Memorial Medical Center (Springfield) Patient #678 (URGENT): Advocate BroMenn Medical Center (Bloomington)			

Once receiving hospital has been identified by SBCC, information will be sent from SBCC to transferring hospital via Burn Medical Incident Report Form

# Event Continues: Patient Tracking

IDPH ESF-8 Plan: Burn Surge Annex | 2015

## ATTACHMENT 10: BURN PATIENT TRACKING LOG

Purpose: To assist with the tracking of burn patients during a disaster.

Incident name: Train Derailment		Prepared by: Scribe @ SBCC						Date: 9/11/15		Time: 1100	
Tracking Number	Patient Name (Last, First)	DOB	% TBSA	Ventilated	Burn Injury Depth	Inhalation Injury	Other Injuries (Trauma)	Triage Level (Red, yellow, Green)	Method of Transport (Ground, Air, BLS, ALS, Critical Care)	Assigned Receiving Facility	Transfer Complete (Time)
					Burn Injury Location					POC at Receiving Facility	
#123	Doe, Jane	1/2/51	50%	Y	Partial and full thickness	Y		R	Critical Care	OSF St Anthony Medical Center, Rockford	
					Face, chest and back					Dr John Burn	
#234	Doe, Peter	5/6/09	18%	N	Partial thickness	N		Y	ALS	OSF St Francis Medical Center, Peoria	
					Legs and hands					Dr Peds Trauma	
#456	Smith, John	6/7/75	45%	Y	Partial and full thickness	Y		R	Critical Care	Memorial Medical Center, Springfield	
					Neck, chest, abdomen, back					Dr Mary Burn	
#678	Smith, Alice	8/7/75	10%	N	Partial thickness	N	Pregnant	Y	ALS	Advocate BroMenn Medical Center	
					Bilateral forearms					DR OB Trauma	
				Y		Y		R Y G			
				N		N					
				Y		Y		R Y G			
				N		N					

To assist with reunification of families, SBCC maintains the *Burn Patient Tracking Log* with information on all transferred patients that the SBCC has coordinated.

# Event Continues: Transferring Patients



Transferring hospital:

- ◉ Arranges transport once receiving hospital identified
- ◉ Completes and sends the following with each patient:
  - Burn Patient Transfer Form
  - Patient Identification Tracking Form

IDPH ESF-8 Plan: Burn Surge Annex | 2015

**ATTACHMENT 9: PATIENT IDENTIFICATION TRACKING FORM**

Purpose: To assist in identifying, tracking and transferring patients during a disaster.  
Note: Information contained within this form is confidential and should not be shared except with those entitled to the care of the patient.

Date of arrival	Type of arrival	Location	Tracking number
Patient's Name (Last, First)		Patient's Phone	
Patient's Full Home Address		Presented with patient? Yes or No	
(For Minors) Parent/Guardian's Name			
Patient's DOB	Age	Gender	Sex
Race/Ethnicity, if known: <input type="checkbox"/> White non-Hispanic <input type="checkbox"/> Black/African American, non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic or Latin American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Unknown		Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	
<input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied		Describe where patient was found (e.g., specific as possible, including neighborhood/street address)	
How patient arrived at hospital (list name if possible): <input type="checkbox"/> EMS <input type="checkbox"/> Private medical transport service (ambulance/flight) <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Walk-in <input type="checkbox"/> Other		Name worn by or with patient when found (describe color, pattern, type): <input type="checkbox"/> None <input type="checkbox"/> Other	
Description of the patient		Attach photo here	
Skin color: <input type="checkbox"/> Fair <input type="checkbox"/> Tan <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Grey <input type="checkbox"/> White <input type="checkbox"/> Other			
Eye color: <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Other			
Height: <input type="checkbox"/> Estimated <input type="checkbox"/> Measured			
Weight: <input type="checkbox"/> Estimated <input type="checkbox"/> Measured			
Other markings: <input type="checkbox"/> Tattoos <input type="checkbox"/> Scars <input type="checkbox"/> Birthmarks <input type="checkbox"/> Tattoos <input type="checkbox"/> Missing teeth <input type="checkbox"/> Scars <input type="checkbox"/> Other			
<b>PATIENT TRACKING LOG</b>			
Hospital/Facility Name	Phone Number	Arrival Date	Discharge Date
Transfer (Y/N, date)		(If patient has a band from another facility and they need to be removed, provide care, attach ID band in this area)	
Attach ID Band Here			
Attach ID Band Here			
Attach ID Band Here			
Attach ID Band Here			
Attach ID Band Here			

IDPH ESF-8 Plan: Burn Surge Annex | 2015

**ATTACHMENT 12: BURN PATIENT TRANSFER FORM**

Purpose: To provide a method of communicating medical and treatment information on burn patients during a disaster when burn patients are being transferred to another care center.  
Note: All information within this form is confidential and should not be shared except with those entitled to the care of the patient.

Incident name	Date	Time
Form completed by	DOB	Sex
Patient Name (Last, First)	Age	Gender
Referring hospital	Referral physician	Referral telephone
Unit at hospital	Accepting physician	Accepting hospital
Full address	Accepting hospital	Accepting hospital
Acuity Level	Stable/Non-emergent	Stable/Urgent
Pre-burn weight	Allergies (list)	Home medications (list)
Pre-burn injury	None	None
Relevant medical/surgical history (list)	None	None
<b>BURN INJURY HISTORY</b>		
Burn Injury Date	Time of injury	% Total Burn Surface Area (complete burn diagram on page 2)
Mechanism of injury	Source	% Full thickness
Burn Type	Enclosed space	Open Air
Flame	Enclosed space	Open Air
Inhalation	Enclosed space	Open Air
Chemical	Enclosed space	Open Air
Electrical	Enclosed space	Open Air
Radiation	Enclosed space	Open Air
<b>MEDICAL MANAGEMENT</b>		
Respiratory Status	Current SpO2	Vital Signs
Current SpO2	Current SpO2	Temp
Intubated YES/NO	ETT/Trach tube size	HR
Settings	Settings	BP
Latest ABG	Latest ABG	Temp
Respiratory treatments	Respiratory treatments	Temp
Procedures and Dressings	Procedures and Dressings	Temp
Current burn wound dressing	Current burn wound dressing	Temp
Date/Time last burn wound dressing change	Date/Time last burn wound dressing change	Temp
Enhancements: YES/NO	Enhancements: YES/NO	Temp
Date/Time	Date/Time	Temp
<b>TRANSPORT NEEDS</b>		
Type of transport service needed	Notification (times)	Family
Ground	Ground	Family
Air	Air	Family
Other	Other	Family
Equipment needed for transport	Equipment needed for transport	Equipment needed for transport
Oxygen	Oxygen	Oxygen
Ventilator	Ventilator	Ventilator
C-PAP	C-PAP	C-PAP
Defibrillator	Defibrillator	Defibrillator
Stretcher	Stretcher	Stretcher
Other	Other	Other



# Event Continues: Continued Support

- ◎ SBCC continues to provide medical consultation
- ◎ Hospitals use *Adult and Pediatric Burn Care Guidelines* to assist when admitting burn patients to their hospitals



# Recovery

IDPH ESF-8 Plan: Burn Surge Annex | 2015

## ATTACHMENT 9: PATIENT IDENTIFICATION TRACKING FORM

Purpose: To assist in identifying, tracking and reunifying patients during a disaster.

Note: Information contained within this form is confidential and should not be shared, except with those assisting in the care of the patient.

Date of Arrival	Time of Arrival	AM/PM	Incident name
Patient's Name (Last, First)		Tracking number	
Patient's Full Home Address		Patient's Phone	
(For Minors) Parent/Guardians' Names		Presented with patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient's DOB	Age	Years	Months
Race/ethnicity, if known <input type="checkbox"/> White non-Hispanic <input type="checkbox"/> Black/African American, non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Nonverbal <input type="checkbox"/> Other			
<input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied	Describe where patient was found (be as specific as possible, including neighborhood/street address).		Items worn by or with patient when found (describe color, pattern, type)
How patient arrived at hospital (list name if available)			<input type="checkbox"/> Pants
<input type="checkbox"/> EMS			<input type="checkbox"/> Shirt
<input type="checkbox"/> Private medical transport service (ambulance/flight)			<input type="checkbox"/> Dress
<input type="checkbox"/> Law Enforcement			<input type="checkbox"/> Shoes
<input type="checkbox"/> Private Vehicle			<input type="checkbox"/> Socks
<input type="checkbox"/> Walk-in			<input type="checkbox"/> Coat/jacket
<input type="checkbox"/> Other			<input type="checkbox"/> Jewelry
		<input type="checkbox"/> Glasses	
		<input type="checkbox"/> Medical Devices	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> Other	
<b>DESCRIPTION OF THE PATIENT</b>			
Skin color		Attach photo here	
Hair Color <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Bald <input type="checkbox"/> Red <input type="checkbox"/> Grey <input type="checkbox"/> White <input type="checkbox"/> Other			
Eye Color <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Other			
Height <input type="checkbox"/> Estimated			
Weight <input type="checkbox"/> Estimated			
Other markings			
<input type="checkbox"/> Scars			
<input type="checkbox"/> Birthmarks			
<input type="checkbox"/> Tattoos			
<input type="checkbox"/> Missing teeth			
<input type="checkbox"/> Braces			
<input type="checkbox"/> Other			
<input type="checkbox"/> Other			
<b>PATIENT TRACKING LOG</b>			
Hospital/Facility Name	Phone Number	Arrival Date	ID Band #/ ID Band
Location (city, state)	Fax Number	Departure Date	(If patient has ID bands from other facilities and they need to be removed to provide care, attach ID band in this area)
( )	( )	___/___/___	Attach ID Band Here
( )	( )	___/___/___	Attach ID Band Here
( )	( )	___/___/___	Attach ID Band Here
( )	( )	___/___/___	Attach ID Band Here
( )	( )	___/___/___	Attach ID Band Here
( )	( )	___/___/___	Attach ID Band Here

- All hospitals assist with reunification of patients and families
  - > Local resources (e.g. ARC Patient Connection Program)
  - > Patient Identification Tracking Form
  - > Burn Patient Tracking Log (SBCC)
- As resources become available at hospitals with burn capabilities, SBCC will assist with transferring URGENT (YELLOW) patients from Level I & Level II Trauma/Non-burn hospitals to hospitals with burn capabilities as needed



**American  
Red Cross**

**Patient Connection**



# Recovery: Demobilization

- 10 days after the incident, the Burn Surge Annex is no longer activated.
- IDPH uses the *Burn Medical Incident Report Form* to inform hospitals and other stakeholders

IDPH ESF-8 Plan: Burn Surge Annex | 2015

## ATTACHMENT 4: BURN MEDICAL INCIDENT REPORT FORM

<b>INCIDENT NAME:</b> Train Derailment			
<b>DATE/TIME PREPARED:</b> 09/21/2015 1100	<b>DATE/TIME RECEIVED:</b> 09/21/2015 1105	<b>OPERATIONAL PERIOD:</b> AM 09/21/2015	<b>RECEIVED VIA:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Other (SIREN)
<b>FROM (SENDER):</b> IDPH	<b>TO (RECEIVER):</b> All hospitals	<b>REPLY/ACTION REQUIRED?</b> YES X NO If YES, reply to ( <i>include detailed sending information</i> ) Send to info@illinois.gov	
<b>PRIORITY:</b> <input checked="" type="checkbox"/> Urgent/High <input type="checkbox"/> Non-urgent/Medium <input type="checkbox"/> Informational/Low			
<b>DATE/TIME PHEOC ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR PHEOC ACTIVATION:</b> Local Burn MCI event and activate Burn Surge Annex	
<b>DATE/TIME ANNEX ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR ANNEX ACTIVATION:</b> To assist with the response of the local/regional burn MCI	
<b>ACTIVATION LEVEL:</b> <input checked="" type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> State		<b>STATE BURN COORDINATION CENTER (SBCC) NAME:</b> Loyola University Medical Center	
<b>DATE/TIME SBCC ACTIVATED:</b> 09/11/2015 0750		<b>REASON FOR SBCC ACTIVATION:</b> To assist with transfer coordination and provide medical consultation	
<b>CURRENT INCIDENT INFORMATION:</b> The Burn Surge Annex is now no longer activated. All burn patients have been placed in the appropriate facilities and burn resources are more available. The process to transfer of burn patients and to access burn expertise will now follow normal procedures.			



# Next Steps to Integrate the Burn Surge Annex into Disaster Plans

# Hospitals

- Become more familiar with the Annex
  - Your hospital level and response role
  - How to request burn supplies or activation of the Annex through the Request for Medical Resources (RFMR) process
  - Communicate using Burn Medical Incident Report Form
- Update internal disaster plan to assist your hospital's response during a burn MCI
- Build a burn supply cache to assist with response
- Identify what burn resources are available in your region

# Local Health Departments

- Become more familiar with the Annex
  - LHD's response role
  - How to respond to requests for burn supplies or activation of the Annex through the Request for Medical Resources (RFMR) process
  - Communicate using Burn Medical Incident Report Form
- Identify what burn resources are available in your community and region

# Local EMAs

- ◎ Become more familiar with the Annex
  - EMA response role
  - How to respond to requests for burn supplies or activation of the Annex through the Request for Medical Resources (RFMR) process
  - Communicate using Burn Medical Incident Report Form

# IEMA

- ◎ Awareness of the Annex
  - > IEMA's response role
  - > Recognize and understand role when receiving requests for burn supplies or activation of the Annex
  - > Receiving the Burn Medical Incident Report Form for communication with EMAs and LHDs
- ◎ Awareness of burn resources throughout the state
- ◎ Communication with IDPH via IDPH SIRC Liaison regarding burn resource requests

The background features a geometric design with several overlapping triangles. A large, light gray triangle occupies the upper left and center. A smaller, darker gray triangle is in the top right corner. A bright orange triangle is positioned on the right side, partially overlapping the darker gray one. The bottom half of the image is a light beige color.

Questions????



# Thank you!!

Evelyn Lyons

[Evelyn.Lyons@illinois.gov](mailto:Evelyn.Lyons@illinois.gov)

Laura Prestidge

[lprestidge@luc.edu](mailto:lprestidge@luc.edu)